

Open Enrollment Application 2006-2007

Deadline: March 1, 2006

Kindergarten only deadline: September 1, 2006

- This form must be sent to the resident AND receiving districts.
- A separate application must be completed for each child.

1. Name of Student _____ Date _____
2. Student's Date of Birth _____ 3. Grade Level for 2006-07 _____
4. _____ Male _____ Female 5. Student ID number _____
6. Race/Ethnicity

- ☐ Asian/Pacific Islander
☐ Hispanic

- ☐ American
Indian/Alaskan
☐ Black

- ☐ White/Non-Hispanic
☐ Other

7. Parent/Guardian Name _____

Address _____
Street/PO Box City County Zip Code

8. Home telephone _____ Work telephone _____

9. Current District _____ 10. District Requested _____

- ◆ Optional: Name of attendance center of preference. Complete **only** if there is a choice of elementary, middle or junior high school, or high schools. This does not guarantee the choice. _____

11. Is the request made due to the student or family moving into a new district of residence and desiring that the student remain in the original district with no interruption in the education program? ____ Yes ____ No

12. Does the child have a sibling that is currently open enrolled to the receiving district? ____ Yes ____ No

13. The parent / guardian is requesting the following (check all that apply)

- ☐ Regular Education
☐ Special Education
☐ Dual enrollment - K-8
☐ Dual enrollment - 9-12

- ☐ Dual enrollment-activity program(s)(applicable to grades 9-12)
☐ Home school assistance program

14. Is the student currently under suspension or expulsion from school? ____ Yes ____ No

15. Applications filed after March 1 will not be approved unless the reason for late filing qualifies for "good cause". "Good cause" means a change in a child's residence or a change in the status of a child's resident district for any of the reasons listed below.

REASON	Date of Change
_____ Family moved to a new district of residence	_____
_____ Change in the marital status of the student's parents resulting in new resident district	_____
_____ Placement of the student into foster care resulting in new resident district	_____
_____ Placement of Child in Foster Care	_____
_____ Adoption resulting in new resident district	_____
_____ Participation in a foreign exchange program	_____
_____ Participation in a substance abuse or mental health treatment program resulting in new resident district	_____
_____ Failure of negotiations for reorganization or rejection of proposed reorganization plan	_____

_____	Failure of negotiations for whole grade sharing or rejection of whole grade sharing agreement	_____
_____	Loss of accreditation or revocation of a charter school contract	_____
_____	Severe health and/or pervasive harassment	_____

(If good cause is related to change in status of child's resident district, open enrollment request must be filed within **45** days of last board action or within **30** days of certification of an election, whichever is applicable.)

If the application is being made in response to a severe health need or pervasive harassment of student, please explain.

16. _____ Check here if you are requesting transportation assistance. (**ATTACH PROOF OF INCOME**)

I certify that the above information is true and that I have sent a copy of this form to my resident district and to the district I want my child to attend. _____ YES _____ NO

CAUTION: Knowingly providing false information on this form may invalidate the application.

Signature of parent or guardian Date _____

Receiving District - Complete items A-D

Exceptions: a) a desegregation plan exists in the resident district

b) the student alleges pervasive harassment, severe health condition

If either of these exists, the resident district completes E-G **before** the receiving district completes A-D

A. Name of District _____

B. Date application was received _____

C. District Action ☐ Approved ☐ Denied _____ Date _____

If denied, indicate reason(s):

- | | | |
|---|---|--|
| <input type="checkbox"/> Request was not filed on time | <input type="checkbox"/> Insufficient classroom space | <input type="checkbox"/> Student on suspension or expulsion. |
| <input type="checkbox"/> Proper special education program is not available. | | <input type="checkbox"/> Does not qualify for good cause. |

D. Signature of Superintendent _____

Receiving district should mail copy to: Lois Irwin, Ed.D, Iowa Department of Education, Grimes State Office Building, Des Moines, Iowa 50319

Resident District

Do not complete this section unless the resident district has a desegregation plan or the student claims pervasive harassment or severe health condition. If either of these exists the resident district completes items E-G **BEFORE** the receiving district completes A-D

E. Name of District _____

F. Date application was received _____ District Action ☐ Approved ☐ Denied

If denied, indicate reason:

- | | |
|--|--|
| <input type="checkbox"/> Adverse affect desegregation plan | <input type="checkbox"/> Insufficient evidence of harassment (past deadline) |
| <input type="checkbox"/> Insufficient evidence of serious health condition that cannot be adequately addressed (past deadline) | |

G. Signature of Superintendent _____